

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/23/2014
NAME OF PROVIDER OR SUPPLIER HEARTH AT TUDOR GARDENS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11755 N MICHIGAN RD ZIONSVILLE, IN 46077		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00155936.</p> <p>Complaint IN00155936- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: December 23, 2014.</p> <p>Facility number: 012263 Provider number: 012263 AIM number: N/A</p> <p>Survey Team: Megan Burgess, RN, TC Tracina Moody, RN</p> <p>Census bed type: Residential: 111 Total: 111</p> <p>Census Payor type: Private: 111 Total: 111</p> <p>Hearth at Tudor Gardens was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00155936.</p> <p>Quality Review 12/24/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE